

**ARKANSAS PUBLIC EMPLOYEES RETIREMENT SYSTEM
REQUEST FOR CHANGE IN BENEFICIARY**

In accordance with the provisions of ACT 177 of 1957 as amended, creating the Public Employees Retirement System,

I, _____ a member of the Arkansas Public Employees Retirement System,
(Print Full Name)

employed with _____ / _____,
(Agency Name/Number)

enrolled under Social Security No. ____ - ____ - ____ - ____, hereby revoke the appointment of all beneficiaries previously made by me, if any, and designate:

_____, _____,
(Print Full Name of Beneficiary) (Beneficiary Date of Birth)

_____, _____, _____, _____,
(Print Beneficiary Address) City St. Zip.

whose relationship to me is _____ as the beneficiary to whom I request the Board of Trustees of the Public Employees Retirement System of Arkansas to pay, in the event of my death, if there are no death-in-service benefits payable, the total amount of the accumulated contributions standing to my credit in the retirement system.

I hereby authorize the Board of Trustees of the Public Employees Retirement System to make payment to the beneficiary whom I have above nominated and agree on behalf of myself and heirs and assigns, that payment so made shall be a complete discharge of the claims and shall constitute a release of the system from any further obligations on account of the benefit. I hereby direct that should I survive the before-mentioned beneficiary, the amount which otherwise would have been payable to the beneficiary shall be paid according to the provisions of the retirement act or to such other beneficiary as I shall hereafter nominate, by written designation filed with the Public Employees Retirement System of Arkansas, in accordance with the rules and regulations prescribed by the Board of Trustees.

Signature _____

Address _____

State of _____ County of _____ City, St. Zip.

On this ____ day of _____, 20____, before me appeared _____,
to me personally known, who, being by me duly sworn, did say that he/she executed the foregoing instrument and acknowledged said instrument to be his/her free act and deed.

In testimony whereof, I have hereunto set my hand and affixed my official seal in the County and State aforesaid, the day and the year first above written.

Signature of Notary Public: _____

My Commission Expires: _____